

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2006 and ending 01/03/2006	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☐ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan CMI 401(K) SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/15/1999
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) COSMETECH MABLY INTERNATIONAL LLC 595 MADISON AVENUE NEW YORK, NY 10022-1907	2b Employer Identification Number (EIN) 13-3823162 2c Sponsor's telephone number 212-371-5100 2d Business code (see instructions) 561300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	05/25/2010	PAUL WARNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/25/2010	PAUL WARNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COSMETECH MABLY INTERNATIONAL LLC 595 MADISON AVENUE NEW YORK, NY 10022-1907	3b Administrator's EIN 13-3823162 3c Administrator's telephone number 212-371-5100
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	46
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☐ **H** (Financial Information)
 (2) ☒ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE I</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information—Small Plan</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
	For calendar plan year 2009 or fiscal plan year beginning 01/01/2006 and ending 01/03/2006	
	<div>A Name of plan</div> <div>CMI 401(K) SAVINGS PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>COSMETECH MABLY INTERNATIONAL LLC</div>	<div>D Employer Identification Number (EIN)</div> <div>13-3823162</div>	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a	Total plan assets	1a	1201454	0
b	Total plan liabilities	1b		
c	Net plan assets (subtract line 1b from line 1a)	1c	1201454	0
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a	Contributions received or receivable:			
(1)	Employers	2a(1)		
(2)	Participants	2a(2)		
(3)	Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
c	Other income	2c		
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		0
e	Benefits paid (including direct rollovers)	2e		
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		0
k	Net income (loss) (subtract line 2j from line 2d)	2k		0
l	Transfers to (from) the plan (see instructions)	2l		-1201454

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a	Partnership/joint venture interests	3a	X	
b	Employer real property	3b	X	
c	Real estate (other than employer real property)	3c	X	
d	Employer securities	3d	X	
e	Participant loans	3e	X	

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	200000
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount: 0

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ALCAN 401(K) PLAN	36-4290330	009

 *** TX REPORT ***

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Kathleen Costello

Thank you.

Please see cover letter for details.

Message
 Attached is an IRS response letter, Cosmetech Mably International LLC, EIN: 13-3823162, Plan Year End: 12-31-2007, Plan 001; Number on Notice: CP-403.

(Including this sheet)

Number of Pages

12

Hewitt Associates LLC
 100 Half Day Road
 Lincolnshire, IL 60069
 Tel (847) 295-5000
 Fax (847) 883-9144

From

Kathleen Costello

Fax Number

(801) 620-5670

Company

Facsimile Transmission

Date May 24, 2010

To Employee Plan Department

Company _____

Fax Number (801) 620-5670

From Kathleen Costello

Hewitt Associates LLC
100 Half Day Road
Lincolnshire, IL 60069
Tel (847) 295-5000
Fax (847) 883-9144

Number of Pages 12
(Including this sheet)

Message Attached is an IRS response letter. Cosmetech Mably International LLC; EIN: 13-3823162; Plan Year End: 12-31-2007; Plan 001; Number on Notice: CP-403.

Please see cover letter for details.

Thank you.

Kathleen Costello

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Hewitt Associates LLC
100 Half Day Road
Lincolnshire, IL 60069
Tel 847.295.5000 Fax 847.295.7634
www.hewitt.com

The Hewitt logo consists of the word "Hewitt" in a white, serif font, centered within a solid black square.

May 24, 2010

Private and Confidential

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0038

To Whom It May Concern:

Subject: IRS Letter for 2007 Form 5500 for Cosmetech Mably International LLC
Taxpayer Identification Number on IRS Letter: 13-3823162
Plan Year Ending: December 31, 2007
Plan Number: 001
Number of Notice: CP-403

We are responding to the attached IRS letter dated March 8, 2010 with regard to the CMI 401(K) Savings Plan—Plan 001.

The IRS letter states that the Form 5500 was not received for the above plan number and/or plan year. Cosmetech Mably International LLC and Pechiney Plastic Packaging, Inc. became related entities and the CMI 401(K) Savings Plan—Plan 001 merged into the Alcan 401 (K) Plan—Plan 009 (EIN: 36-4290330) effective January 3, 2006. Attached is the 2006 filing marked as final for the CMI 401(K) Savings Plan—Plan 001. Since this merger, the former Plan Sponsor (Pechiney Plastic Packaging, Inc.) changed its name to Alcan Corporation, filing with the same EIN reported under Pechiney Plastic Packaging, Inc. (36-4290330).

Alcan Corporation was just recently made aware of the attached IRS letter for Cosmetech Mably International LLC for the 2007 plan year. Enclosed is the 2006 final filing for this Plan, therefore, no 2007 filing would be required. Since the successor Plan Sponsors (Pechiney Plastic Packaging, Inc. and Alcan Corporation) were unaware and unable to determine whether the 2006 (and 2007-IRS response) filings were filed, we respectfully request to have the penalties lifted for the 2006 and 2007 filings.

The 2006 final filing will be submitted electronically via the EFAST2 system this week.

In addition, please note that any future correspondence on this matter should be directed as follows:

Mr. Sean Morgan
Rio Tinto
8770 W. Bryn Mawr Avenue, 09D
Chicago, IL 60631
773-399-3574

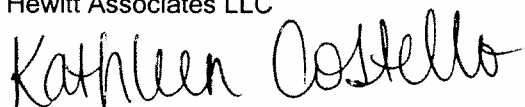
I am also enclosing Change of Address Form 8822 signed by the Plan Administrator (Paul Warner) in order to provide a proper mailing address for this Plan and any future correspondence.

To Whom It May Concern
Page 2
May 24, 2010

Please contact me if you need additional information concerning this filing. I can be reached between the hours of 7:00 a.m. and 3:30 p.m., Central time, at (847) 575-8734. Thank you for your consideration.

Sincerely,

Hewitt Associates LLC

A handwritten signature in black ink that reads "Kathleen Costello".

Kathleen Costello

KC:krb

Enclosures

cc: Mr. Sean Morgan, Rio Tinto (w/enc.)
Mr. Paul Warner, Rio Tinto (w/enc.)
Mr. Jeff McClellan (w/enc.)

Change of Address

▶ Please type or print.

OMB No. 1545-1163

▶ See instructions on back. ▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check **all** boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐
- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.
▶ Decedent's name Social security number

3a Your name (first name, initial, and last name)	3b Your social security number
4a Spouse's name (first name, initial, and last name)	4b Spouse's social security number
5 Prior name(s). See instructions.	

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects:

- 8 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
9 ☒ Employee plan returns (Forms 5500, 5500-EZ, etc.)
10 ☐ Business location

11a Business name Cosmetech Mably International LLC	11b Employer identification number 13 3823162
12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. 595 Madison Ave, New York, NY 10022-1907990	Room or suite no.
13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. 8770 W. Bryn Mawr Ave, Chicago, IL 60631	Room or suite no.
14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.	Room or suite no.

Part III Signature

Daytime telephone number of person to contact (optional) ▶ ()

Sign
Here

▶ Your signature Date
▶ If joint return, spouse's signature Date

▶  4/29/2010
If Part II completed, signature of owner, officer, or representative Date
▶ Director, HR & Retiree Services
Title